

Supplemental Application Data Sheet

Application Information

Application Number:: 09/879,572
IA Filing Date:: June 12, 2001
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1648
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: COXSACKIEVIRUS B4 EXPRESSION
VECTORS AND USES THEREOF
RAMSINGH=1
Attorney Docket Number::
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES

Status::	Full Capacity
Given Name::	Arlene
Middle Name::	
Family Name::	RAMSHINGH
Name Suffix::	
City of Residence::	Glenmont
State or Province of Residence::	New York
Country of Residence::	UNITED STATES
Street of Mailing Address::	34 Placid Lane
City of Mailing Address::	Glenmont
State or Province of Mailing Address::	New York
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	12077
Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED STATES
Status::	Full Capacity
Given Name::	Sadia
Middle Name::	S.
Family Name::	HALIM
Name Suffix::	
City of Residence::	<u>Norwalk</u> <u>New York</u>
State or Province of Residence::	<u>Connecticut</u> <u>New York</u>
Country of Residence::	UNITED STATES
Street of Mailing Address::	25 Grand Street <u>82 Beaver Street, #1009</u>
City of Mailing Address::	<u>Norwalk</u> <u>New York</u>
State or Province of Mailing Address::	<u>Connecticut</u> <u>New York</u>
Country of Mailing Address::	UNITED STATES
Postal or Zip Code of Mailing Address::	<u>06851</u> <u>10005</u>
Correspondence Information	
Correspondence Customer Number::	001444
Representative Information	
Representative Customer Number::	001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application		09/879,572	06-12-01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name::	Arlene RAMSINGH
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Street of Mailing Address::	34 Placid Lane
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City of Mailing Address::	Glenmont
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State or Province of Mailing Address::	New York
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Country of Mailing Address::	UNITED STATES
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Postal or Zip Code of Mailing Address::	12077
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